

CARTA AL EDITOR – LETTER TO THE EDITOR

Visceral Leishmaniasis in Hospitalized Patients at Valera, Trujillo, Venezuela, 2001-2006

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Visceral leishmaniasis is one of the most neglected diseases in the developing world where represents a significant burden of morbidity and mortality [1,2]. Although its prevalence in Venezuela is low, its lethality is considerable high. For these reasons its surveillance is of utmost importance, especially in the context of potential increases due to a number of multiple factors, including climate variability and climate change [3-6].

In Venezuela visceral leishmaniasis is endemic in different areas, including the Western region [7], where Trujillo is located (Figure 1).

Although there, the morbidity is low, is still considerable and as has been stated can carries a significant lethality.

In this preliminary report we describe the clinical epidemiology of cases diagnosed at our institution during 2001-2006 in Valera, state Trujillo (Figure 1).

Valera is the biggest city and the most metropolitan area of the state where there are not visceral leishmaniasis transmission or nearby to the city (Figure 1). Then all cases seen and diagnosed in the city corresponded to imported cases from other areas of the state, other states or other countries with endemic zones.

In febrile patients, particularly in children, tropical diseases such as malaria, Chagas and cutaneous and visceral leishmaniasis are always considered in the differential diagnosis, and there is a close interaction with the Malariology regional service (for malaria) and the Instituto Experimental José Witremundo Torrealba (former Trujillo Parasitological Research Center JWT) of the Universidad de Los Andes (for Chagas disease and cutaneous and visceral leishmaniasis).

Hospital Central de Valera, Valera, Trujillo state, western Venezuela, it was build as 300-

planned-bed, general hospital of the Trujillo state (the main) (Figure 1), which opened in 1958 (including at that moment just two initial departments, Gynecology and Obstetrics, and Pediatrics). There are seven departments in the hospital: pediatrics, gynecology & obstetrics, surgery, internal medicine, emergency, anesthesiology and radiology & laboratory. Pediatrics service includes pediatric ward, surgical pediatric ward and neonatology [8].

In the study period, 9 cases of visceral leishmaniasis were diagnosed. Mean age was 15.6 y-old (67% corresponded to children ≤ 8 y-old), 89% were male and 11% female.

From the total number of patients, 4 (44%) came from El Batatillo (Figure 1), which is an endemic area of the state for visceral leishmaniasis.

In all cases the diagnosis was established by the bone marrow aspirate smear with Giemsa and with rapid test based on the antigens k39 and k26.

All patients presented clinical features of visceral leishmaniasis: cutaneous paleness, adenomegalies, large spleen, hepatomegaly.

All patients were successfully treated with meglumine antimoniate by 20 days, 20 mg/kg/day.

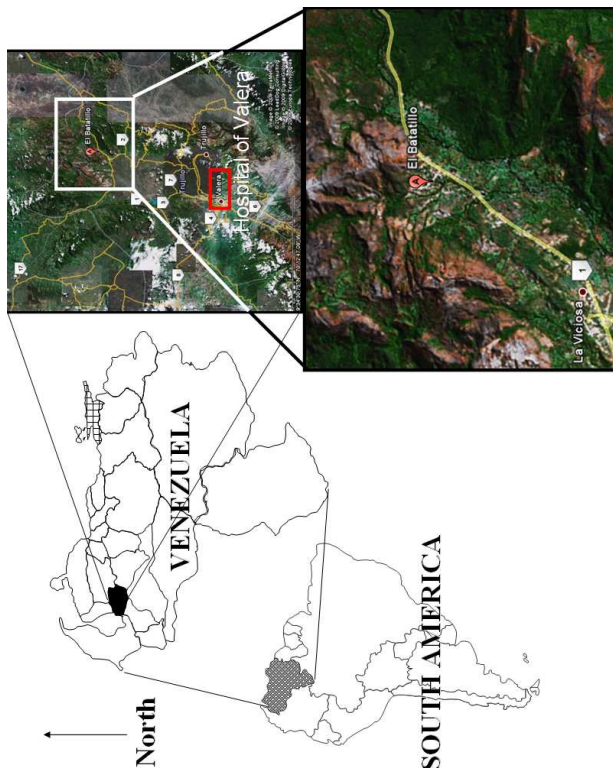
No deaths occurred among this patient series (CFR 0%).

Endemic in many countries in the world, visceral leishmaniasis affects fundamentally children living in poverty conditions, with associated malnutrition, and without proper access to healthcare systems, in an environment where sandflies species (*Lutzomyia*) are present [9,10].

Unfortunately over the last decades no significant therapeutical advances have been made in a disease that could lead to the patient's death [11].

Meglumine antimoniate and sodium stibogluconate remains as a recommendation for the treatment, although new therapeutic options such as amphotericin and miltefosine are currently available in most places [2,12].

Figure 1. Location of Venezuela (gray), Trujillo (black), Valera (small square) and El Batatillo (big square).



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